

## Food & Waterborne Intestinal Parasites

### Registration Information

**Program Fee: \$75.00**

Registration Deadline: August 29, 2003

Complete the enclosed NLTN application form and return to:

Fax: 617-983-8037

Mail: NLTN

305 South Street

Boston, MA 02130-3597

Make checks and money orders payable to "APHL" or use the enclosed credit card form.

No refunds for cancellations after Sept. 5, 2003

Confirmation letters, with detailed directions to the program site, will be sent to participants.

### Information and Special Needs

In compliance with the Americans with Disabilities Act, individuals needing special accommodations should notify the NLTN office at least two weeks prior to the workshop. For more information please call: 800-536-NLTN or 617-983-6285.

### Continuing Education Credit

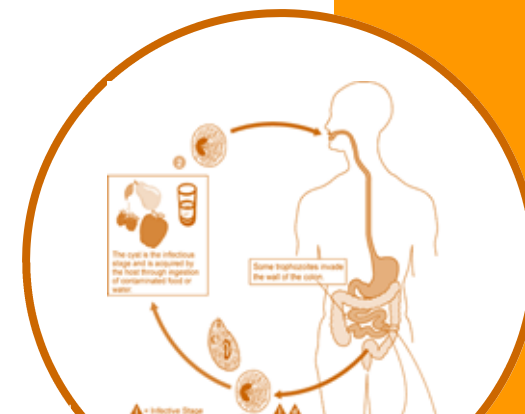
Continuing education credit will be offered for laboratorians based on 6.0 hours of instruction."

**The National Laboratory Training Network** is a training system sponsored by the Centers for Disease Control and Prevention (CDC) and the Association of Public Health Laboratories (APHL).



PA Dept. of Health  
Bureau of Laboratories  
110 Pickering Way  
Lionville, PA 18353

*Please Copy & Post.*



## Food & Waterborne Intestinal Parasites

*September 8, 2003*

*Lionville, PA*

*Lionville is in the greater Philadelphia area.*

With faculty  
from the  
Centers for  
Disease Control  
& Prevention

Sponsored by:

Pennsylvania  
Bureau of Laboratories  
&  
National Laboratory  
Training Network



# Food & Waterborne Intestinal Parasites

## Program

Undetected food and waterborne parasites can threaten the safety of our food chain and water supply. During this intermediate level hands-on workshop, faculty from the Centers for Disease Control and Prevention will instruct participants in how to identify commonly encountered intestinal parasites including:



*Cryptosporidium*  
*Cyclospora*  
*E. histolytica/dispar*  
*Giardia*

Don't miss this opportunity to refresh your parasitology skills and learn new tricks from the experts.

## Who Should Attend

This intermediate level program is designed for laboratorians with some parasitology experience.

## Microscopes

Microscopes will be provided for this program.



## Location

Pennsylvania Bureau of Laboratories  
110 Pickering Way  
Lionville, PA

## Agenda

- 8:00 Registration
- 8:30 Overview and Pre-test
- 9:00 General Laboratory Techniques: Introduction to the Parasites
- 10:30 Break
- 10:45 Parasites (Continued)
- 12:00 Lunch (Provided)
- 1:00 Hands-on Laboratory Exercises
- 3:00 DPDx Project
- 3:45 Post-test and Evaluation
- 4:00 Adjournment

## Objectives

*At the conclusion of this day, participants will be able to:*

- Outline life cycles, morphological characteristics of *Cryptosporidium*, *Cyclospora*, *E. histolytica/dispar* and *Giardia*.
- Identify the above parasites with new rapid assays: DFA, EIA, UV and rapid cartridges.
- Detect and identify *Cryptosporidium* and *Cyclospora* using a modified Kinyoun's acid-fast and safranin stain.
- Detect and identify *Giardia* and *E. histolytica/dispar* using wet mounts and Wheatley's trichrome stain.

## Faculty

**Stephanie P. Johnston, MS**, is a microbiologist in the Division of Parasitic Diseases, National Center for Infectious Diseases, Centers for Disease Control and Prevention, Atlanta, GA.

**Henry Bishop** is a microbiologist in the Division of Parasitic Diseases, National Center for Infectious Diseases, Centers for Disease Control and Prevention, Atlanta, GA.

**Melanie Moser** is a health communications specialist in the Division of Parasitic Diseases, National Center for Infectious Diseases, Centers for Disease Control and Prevention, Atlanta, GA.

## Facilitators & Program Planners

**Kareen Hartwig**  
Supervisor of the Proficiency Testing, Training and Safety Section  
Division of Laboratory Improvement  
Pennsylvania Bureau of Laboratories  
Lionville, PA

**Betsy Szymczak, MS, MT (ASCP)**  
Office Manager, NLTN  
Boston, MA

**Shoolah Escott, MS, MT (ASCP)**  
CDC Training Advisor, NLTN  
Boston, MA

**National Laboratory Training Network  
Registration Form**

Form Approved  
OMB No. 0920-0017  
Exp. Date: 6/30/06

**Training Event Title: Food & Waterborne Intestinal Parasites**  
**Date: September 8, 2003**

**Event Code: NE3104**  
**Location: Lionville, PA**

**Applicant Information** (Please type or print.)

(Dr./Mr./ Miss.

/Ms./Mrs.)

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Position Title: \_\_\_\_\_ State Licensure Number: (If applicable): \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Mailing Address: (Please specify, Employer's or your Home address?) \_\_\_\_\_

City: \_\_\_\_\_ State/Country: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ Work Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ (E-mail future training event notifications? Please circle, YES or NO.)

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Please review all options in the three categories before circling the one most appropriate in each category.)

**Occupation**

- 01 Physician
- 02 Veterinarian
- 04 Laboratorian
- 05 Nursing Professional
- 06 Sanitarian
- 08 Administrator
- 11 Safety Professional
- 13 Educator
- 14 Epidemiologist
- 15 Environmental Scientist
- 12 Other \_\_\_\_\_

**Education Level**

(Highest Completed)

Degree

- 04 Associate
- 05 Bachelor
- 06 Masters
- 07 Doctoral (M.D.)
- 08 Doctoral (Other than M.D.)
- 09 Technical/Hospital School
- 03 Some College
- 02 High School Graduate
- 01 Some High School
- 10 Other \_\_\_\_\_

**Type of Employer**

- 01 Health Department (State or Territorial)
- 03 Health Department (Local, City or County)
- 04 Government (Other Local, not City or County)
- 05 Centers for Disease Control and Prevention
- 09 U.S. Food and Drug Administration
- 11 U.S. Department of Defense
- 12 Veterans Administration Medical Center/Hosp
- 15 Other (Federal Employer) \_\_\_\_\_
- 16 Foreign
- 19 College or University
- 21 Private Industry
- 23 Private Clinical Laboratory
- 24 Physician's Office Laboratory/Group Practice
- 17 Hospital (Private Community)
- 33 Hospital (Other)
- 25 State Funded Hospital
- 26 City or County Funded Hospital
- 28 Health Maintenance Organization
- 31 Non-profit
- 32 Unemployed or Retired
- 30 Other \_\_\_\_\_

The information requested on this form is collected under the authority of 42 U.S.C., Section 243 (CDC). The requested information is used only to process your training registration and will be disclosed only upon your written request. Continuing education credit can only be provided when all requested information is submitted.

Furnishing the information requested on this form is voluntary. Public reporting burden for this collection of information is estimated to average five minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not to respond to a collection of information, unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road, N.E., MS D-24, Atlanta, Georgia 30333; ATTN: PRA (0920-0017).

**Register Early!**

**Registration Fee: \$75.00**

**Registration Deadline: August 29, 2003**

Payment Information (Please check one.)

☐

Enclosed is my check or money order (payable to APHL).

☐

Enclosed is a Purchase Order.

☐

Bill my Credit Card.

(Circle one.)

VISA

MasterCard

American Express

Submit your registration form to:

**Fax:** 617-983-8037

**Mail:** NLTN

305 South Street  
Boston, MA 02130-3597

Visit our website for future programs  
and our free lending library at:

<http://www.nltm.org>

**For further information call: (617) 983-6285  
or in the Northeast region (800) 536-NLTN.**

**Credit Card Information**

Card Holder's Name
Card Number
Expiration Date
Signature
Date
Amount of Payment